



## INCOME SELF-ATTESTATION FORM

September 22, 2021

The LWI State Buyout Program requires that income sources be collected from all household members over the age of 18. During the application process, tax returns were not provided. Please read the information and complete the certification statement below. Upon completion, submit this form along with the appropriate income documentation to your assigned case manager with the LWI Program. **If you do not have any income sources, do NOT complete this form. You must complete the Zero-Income Certification Form. Check with your program case manager to receive the correct form.**

I, \_\_\_\_\_, have applied for or am a part of the household that applied for assistance under the LWI Statewide Buyout Program. I understand that program regulations require verification of all income sources from household members 18 years of age or older. My income sources and expenses are as follows:

Income Sources		Deductions	
(Please check all that apply)		(Please check all that apply)	
Gross wages, salary, overtime, commissions, tips, etc.		IRA deduction	
Taxable amount of Social Security Benefits		Health Savings Account deduction	
Unemployment compensation		Moving Expenses (associated with job relocation)	
Alimony received		Self-Employment Health Insurance	
Taxable amount on IRA distributions		Penalty for early withdrawal of savings	
Taxable amount on pensions/annuities		Alimony paid	
Rental property income		Student loan interest deduction	
Business income or (loss)		Tuition and fees	
Farm income or (loss)		Educator expenses deduction (up to \$250 for books, supplies, equip., etc.)	
Taxable interest		Other deductions: _____	
Taxable refunds, credits or offsets of state and local income taxes			
Other: _____			

**\*Applicant must provide supporting documents for all items checked above.**



I understand that any misrepresentation of information or failure to disclose information requested on this form could disqualify the household from being eligible for the LWI Statewide Buyout Program. I also understand that this self-attestation may be subject to further verification by the U.S. Department of Housing & Urban Development, LWI or any other State or Federal agency. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

I certify that the above information is true and correct.

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Signature

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Date